


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000045886 1. Entity Name ADVANTIUM, LLC	
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Principal Place of Business 4935 LYFORD CAY ROAD TAMPA, FL 33629	Mailing Address 4935 LYFORD CAY ROAD TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



03202008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1542480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P  
2907 BAY TO BAY BLVD., SUITE 201  
TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000882579  
04/16/08-80047-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANGELL, WILLIAM W 4935 LYFORD CAY ROAD TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUGAR, SUNDEEP 5943 STERLING OAKS DR SAN JOSE, CA 95120
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *William W. Angell* 4/1/08 / 813/892-6468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #